

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
	10/593487	
	APPLICANT(S)	

CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2		✓		✓			52						
3		✓		✓			53						
4		✓		✓			54						
5		✓		✓			55						
6		✓		✓			56						
7		✓		✓			57						
8		✓		✓			58						
9		✓		✓			59						
10		✓		✓			60						
11		✓		✓			61						
12	✓		✓				62						
13		✓		✓			63						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←	10	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	15		10				TOTAL CLAIMS						